

DELAYED TRANSFERS OF CARE, BETTER CARE FUND AND CARE QUALITY COMMISSION REVIEW

To: **Health and Wellbeing Board**

Meeting Date: **24 April 2018**

From: **Charlotte Black: Director of Adults and Safeguarding,
Cambridgeshire County Council**

Recommendations: **The Board is asked to:**

- a) Note and comment on the report and appendices**
- b) Comment on the most effective way to keep the Board informed and enable the Board to prepare for a possible Care Quality Commission review**

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1.0 BACKGROUND

1.1 This report and its appendices provides an update on issues relating to delayed discharges from hospital and on the likelihood of a system wide review, by the Care Quality Commission (CQC). The review, should it occur, will focus on transfer of care arrangements between the NHS, Adult Social Care and partner organisations. This report provides:

- A definition of delayed transfers of care
- Current performance in Cambridgeshire
- Underlying pressures
- Capacity and process improvement- incorporating the Better Care fund
- CQC Review and Key lines of Enquiry
- Preparation for Possible Review

1.2 What is a Delayed Transfer of Care?

A delayed transfer of care from acute or non-acute hospitals (including community and mental health) occurs when a patient is occupying a hospital bed after they have been identified as fit, and determined by a multi-disciplinary team to be safe to be discharged. The causes of delay are variable ranging from process issues such as communication from wards to gaps in capacity in the community services such as Home Care, Care Homes and Community Health services such as District Nursing. Delayed transfers of care are also affected by changes in demand, such as increased hospital admissions and increasingly complex levels of need, particularly amongst over 85 year olds. Such spikes in demand are relatively common occurrences and are particularly noticeable during winter months and at peak times such as holiday periods. In the case of the latter there is a strong linkage to staff availability. A validation process - involving hospital and social care managers - is in place to determine the cause of each delay and whether it is attributable to the NHS or the local authority. Cambridgeshire County Council has also established a process to scrutinise this data to identify the main causes of delay and to monitor and improve performance. The causes of delay are often multi-factorial and a key requirement for effective hospital discharge is integrated planning and co-ordination between Health and Social Care partners both at an individual operational level as well as at a strategic level and this continues to be a high priority for the system.

2.0 DELAYED TRANSFER OF CARE PERFORMANCE AND IMPROVEMENT PLANS

2.1 **Performance:** Delayed Transfers of Care have presented as a significant challenge in Cambridgeshire throughout the 2017/2018 financial year. During this time there has been a deterioration in both NHS and Adult Social Care performance in the period from April to August 2017. In addition to underlying known community capacity challenges, this deterioration appeared to link directly to an 8% increase in admissions, of older people aged over 80 years, to Addenbrookes Hospital in the

corresponding period.(source: NHS, Sustainability and Transformation Unit). In terms of timing, this coincided with a determined drive from the Department of Health, supported by the then Department of Communities and Local Government, to reduce overall hospitals bed day delays to 3.5% of their total bed base, as set out in the Better Care Fund requirements. As a consequence of the deterioration in performance Cambridgeshire was identified as a “struggling system” and was written to by both Secretaries of State indicating, that as a consequence, it along with other struggling systems may be subject to a system wide review by CQC. There was also a reference to the possibility of withholding Better Care Fund (BCF) funding. The Leader of the Council responded robustly to the Secretaries of State citing the strong commitment to integrated working in Cambridgeshire and providing examples of shared initiatives with NHS partners, including BCF investments to reduce delayed transfers of care.

2.1.1 Fortunately, the County Council’s performance, and to some degree that of the NHS in Cambridgeshire has steadily improved since August, with four out of the following five months showing a month on month reduction in lost bed days. That said, the system is still experiencing considerable challenge and has not yet reached the 3.5% performance target set through the BCF. Appendix 1 is the DTOC Dashboard produced by the County Council. It shows the latest performance figures published by the NHS through the UNIFY system. It includes trend lines and a breakdown of causes of delay by hospital and responsible organisation. It can be seen that the biggest single cause of delay for the NHS is non-acute NHS care and for the County Council it is Home Care. Proportionately, the NHS is responsible for 67.9% and the Local Authority 27.5% with 4.6% attributed to both. It is important to note that the County Council is committed to achieving system wide improvement regardless of the cause of any single delay in recognition of the interdependence of the health and social care elements.

2.2 **System Wide Improvement Plans:** Both the NHS and the County Council have embarked on a programme of improvement. This has included co-ordinated action to improve operational and commissioning processes and targeted investment through the Sustainability and Transformation Plan and the Better Care Fund (including the IBCF). For example, through the NHS led Sustainability and Transformation Plan (STP) there is a commitment to meet a service shortfall in Intermediate Care through Cambridgeshire and Peterborough Foundation Trust employing a 120 new staff. The County Council, too, has committed to investing a £1000K in the intermediate tier to expand its current reablement workforce to help to meet the shortfall in Home Care. Additionally, other initiatives are in place to support Home Care development. These include:

- The Neighbourhood Cares Pilot
- The introduction of a dynamic purchasing system for Home Care
- The expansion of the County Council’s Brokerage to become a single purchasing unit –for home care and care homes - for the County Council and all NHS organisations in Cambridgeshire

- Re-Commissioning of voluntary sector support to hospital discharge and reablement.

2.2.1 Additionally, a governance process has been established involving Chief Officers from each organisation to provide co-ordinated leadership of the response to hospital pressures. These arrangements include the joint appointment, between NHS partners and the County Council, of a system lead to manage day to day operations and to provide strategic support to the Chief Officer Governance group.

2.3 **Better Care Fund and Improved Better Care Fund:**

2.3.1 A number of targeted interventions - utilising the Better Care Fund - have been agreed in order to meet the challenge of increased attendance and admission to acute hospitals, and delayed transfers of care. These are set out below:

- Dedicated Social Worker to support Self-Funding Service Users at Addenbrooke's with more complex needs through the discharge process.
- To support a coordinated, system wide approach to managing transfer of care, the iBCF has funded two full-time equivalent Social Worker Strategic Discharge Leads aligned to Addenbrooke's and Hinchingbrooke to support discharge pathways into the community, helping to embed the new Discharge to Assess model.
- The iBCF is funding additional resource to ensure a focused effort on completion of service users' reviews, in order to reduce the impact on DTOC and increased spend due to increases in care need
- The iBCF is supporting the commissioning of a Discharge and Transition Car service, as part of the Council's Home and Community Support Contract. This service prioritises hospital discharge in providing interim domiciliary care provision where there is lack of capacity in the mainstream domiciliary care contract.
- A number of measures are being put in place to support increasing reablement capacity, both through the recruitment of additional workers and through existing short term reablement beds at Doddington Court. In addition to this, a number of other reablement beds have been commissioned for six months.
- CCC is working with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the wider system to support implementation of Discharge to Assess, including implementation of the CHC 4Q pilot to reduce assessment related discharge delays.
- Community Equipment and Assistive Living Technology Services continue to prioritise hospital discharge in deploying equipment to support high risk support packages to both community and residential settings to manage risks and reduce the likelihood of readmission and manage DTOC pressures.

3.0 CARE QUALITY COMMISSION (CQC) AREA REVIEW

- 3.1 As indicated previously, following the additional funding for adult social care through the 'Improved Better Care Fund', the Care Quality Commission has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focussed on the interface of health and social care. Reviews will look at the quality and effectiveness of partnership arrangements between health and social care and their impact on service users. These will be system-wide reviews, which focus on the "patient journey" from pre-hospital, and through to their hospital and discharge experience. It will examine the extent to which services are working together with a clear understanding of a shared vision and objectives
- 3.2 The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. They will make an assessment of the governance in place for the management of resources and scrutiny of plans for use of better care fund money.
- 3.3 20 "challenged" areas in total have been reviewed by the CQC since September last year. These reviews have predominantly focused on areas that have been deemed to be underperforming by Government based upon published Local Authority metrics which are weighted in order to make Delayed Transfers of Care the main focus.
- 3.4 The initial tranche of reviews have now been completed, with varied results, but all have a common thread of demonstrating the need for a clear and well-articulated shared "system" vision across Health and Social Care. There also needs to be a shared understanding of challenges and mitigation. This needs to be translated into operational practice that supports the smooth transfer between services, and delivers good outcomes for service users. A number of the reviews have now been published. As an example the link below is to the published report of the first review of Halton, which gives a good indication of the approach.
http://www.cqc.org.uk/sites/default/files/20171012_local_system_review_halton.pdf
- 3.5 Both the Department of Health and Social Care and the Ministry of Housing, Communities and Local Government have indicated that reviews may be used to inform decisions about future Government social care grants to Councils. Poor performance will be highlighted and findings will be published and will be reported to the Health and Wellbeing Board. External "support" for improvement will be provided where needed along with possible financial sanctions for systems which don't improve.
- 3.6 Following the period of poor delayed transfer of care performance up to August, the Leader of the Council was advised, by the respective Secretaries of State for Health and Local Government, that a CQC review of Cambridgeshire was possible. Fortunately, since that time - in spite of

increased hospital demand and major capacity challenges in areas such as Home Care and NHS Continuing Health Care - there has been a steady improvement in performance, which has reduced that risk. However, Cambridgeshire's overall NHS and Local government performance for delayed transfers of care remains in the bottom quartile nationally for local authority areas.

3.7 It is anticipated that a further tranche of reviews will be announced by the end of May 2018, although the list of areas to be inspected over this period has not yet been confirmed it is expected that Cambridgeshire is likely to be in that tranche. It isn't known whether this will also include Peterborough. In order to prepare for a potential inspection, a multi-agency steering group has been set up to cover key preparations to include:

- A system overview,
- Relational audit (survey),
- Data,
- Self-assessment / position statement,
- Supporting evidence documentation,
- Case studies, case auditing etc.
- Communications

3.8 In the event of an inspection the group would look to host a preparation workshop, involving key staff from the local authority, partner organisations and patient forum groups.

3.9 It is likely that if a review of Cambridgeshire is conducted, Members of the Health and Wellbeing Board will be interviewed and involved in workshops and focus groups. The Board may wish to consider what briefing would be helpful for the Board in these circumstances.

4.0 **RECOMMENDATIONS**

4.1 The Health and Wellbeing Board is asked to:

- Note and comment on the report and appendices
- Comment on the most effective way to keep the Board informed and enable the Board to prepare for a possible review

5.0 **ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY**

5.1 This work is relevant to:

- Priority 2: Support older people to be independent, safe and well
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively

6.0 SOURCE DOCUMENTS

Source Document:	Location:
Delayed Transfers of Care, Monthly Returns. Department of Health.	Patrick Kilkelly, Business Intelligence Unit, 2 nd Floor, Octagon, Shire Hall Cambridge. Email: Patrick.Kilkelly@Cambridgeshire.gov.uk